Evidence for change of birth date & age shown on: FILM No. G 122 OCT 27 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09050

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH COUNTY: Queens Ann MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md, COUNTY: QA,
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Centreville — LENGTH OF STAY (in this place): Lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Centreville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Curtis (Last) Dixon

4. DATE OF DEATH: (Month) Sept. (Day) 29 (Year) 1949

5. SEX: M

6. COLOR OR RACE: C

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Aug 2 - 1882

9. AGE last birthday: 65 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ~~John~~ Hoarse Poulson

14. MOTHER'S MAIDEN NAME: Annie Dixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: 218-16-5247.

17. INFORMANT AND ADDRESS: Susie Dixon, Centreville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs + 6 mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

331
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis -

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mch 28, 1949 to Sept 29, 1949, that I last saw the deceased alive on Sept 28, 1949, and that death occurred at 8 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. Henry Fisher M.D. - Centreville Md 9-29-49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE: Oct. 2-49. NAME OF CEMETERY OR CREMATORY: Centreville Md LOCATION (City, town, or county): Centreville (State): Md.

DATE REC'D BY LOCAL REG. 9/30/49 REGISTRAR'S SIGNATURE: Elsie Armstrong

24. FUNERAL DIRECTOR: Lewis A. Henry. ADDRESS: Centreville

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT. 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09048

Reg. Dist. No. 251 200

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Queen Annes — STATE: MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Millington — LENGTH OF STAY (in this place): — HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Queen Annes — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Millington — STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) W (Last) NICKERSON

4. DATE OF DEATH: (Month) Sept (Day) 20 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 6 1874

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Store

10b. KIND OF BUSINESS OR INDUSTRY: Merchant

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles W. Nickerson

14. MOTHER'S MAIDEN NAME: Hannah Thorpe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no. no.

16. SOCIAL SECURITY NO.: 220-16-9806

17. INFORMANT: Mrs Nellie Nickerson Millington Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Thrombosis — Interval Between Onset and Death: 20 min

940a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m. — INJURY OCCURRED While at Work ☐ Not While at Work ☐ — HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 9/8, 19 47, to 9/20, 19 49, that I last saw the deceased alive on 9/20, 19 49, and that death occurred at 4 A.M., from the causes and on the date stated above.

SIGNATURE: W.H. Hamilton — (Degree or title): M.D. — ADDRESS: Millington Md — DATE SIGNED: 9/24/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Sept 24 1949 — NAME OF CEMETERY OR CREMATORY: Basic — LOCATION (City, town, or county) (State): Near Barclay Md.

DATE REC'D BY LOCAL REG.: Sept. 24 1949 — REGISTRAR'S SIGNATURE: Edward Tallows. Edgar L. Jane — 24. FUNERAL DIRECTOR: Edward Tallow — ADDRESS: Millington Md.

VS. A15

09049

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Ann MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crumpton
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anns
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crumpton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) P. (Last) NICKERSON
4. DATE OF DEATH (Month) Sept. (Day) 17 (Year) 1949
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Feb. 12 1869
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? usa
13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME Katherine McGinnis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Mr. Delmar Nickerson 13 N. John St. New Port Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Rupture

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis

93d (c) Chronic Myocardial

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept 17, 1949, to Sept 17, 1949, that I last saw the deceased alive on Sept 17, 1949, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. H. Whitcalls ADDRESS Ludlowville Md DATE SIGNED 9/19/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Sept. 20 1949
NAME OF CEMETERY OR CREMATORY Crumpton
LOCATION (City, town, or county) Crumpton (State) Md

DATE REC'D BY LOCAL REG. Sept. 20 1949
REGISTRAR'S SIGNATURE Edward Fellows
Edgar L. Lane
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09051

CERTIFICATE OF DEATH

Reg. Diat. No. 252

1. PLACE OF DEATH:
County: Queen Anne
City or town: Centreville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 60 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne
City or town: Centreville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Etta Mullikin Orrell

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6.(b) Name of husband ~~or wife~~: Joseph Orrell
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 10, 1858

8. AGE: Years	Months	Days	If less than one day
90	9	27	hrs. min.

9. Birthplace: Queen Anne Co., Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Retired

FATHER
12. Name: James Mullikin
13. Birthplace: Maryland

MOTHER
14. Maiden name: Emily De Rakbrowne
15. Birthplace: Maryland.

16. Informant: Mrs. Clara B. Taylor
Address: Centreville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 8. 49 (month) (day) (year)
Cemetery ~~or crematory~~: Chesterfield
Location: Centreville Maryland

18. Funeral director: Barton Bros
Address: Centreville Maryland

19. 9-7-1949 (Date rec'd by registrar) Elsie Armstrong Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 6 1949 at 9:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1 1949, to Sept 5 1949
and that I last saw h~~er~~ alive on Sept 5 1949

Immediate cause of death	DURATION
Coronary Thrombosis	1 hr.
Due to: Arteriosclerotic Cardiovascular Disease	20 yrs.
Due to:	
Other conditions: Lobar Pneumonia - rt. lower	10 days

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: William O Lowe MD
M. D. or other
Address: Queenstown Md Date signed: 9-6-49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
SEP 13 1949
BUREAU V. S.

09052

Evidance for change in 3 shown on;

FILM No. G 122 OCT 25 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH COUNTY: Queens Anne MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Q.A.'s
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stevensville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stevensville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Author (Middle) Arthur (Last) Robinson			4. DATE OF DEATH (Month) Sept (Day) 10 (Year) 1949	
5. SEX: male	6. COLOR OR RACE: C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: Feb 22-1882	9. AGE (If birthday) 67 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): U.S.A.	12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Frank Robinson			14. MOTHER'S MAIDEN NAME: Anna Amelia Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No. 215-14-3333		17. INFORMANT AND ADDRESS: Mary Ada Brown. Chester Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

421.1 Immediate cause (a) Aortic regurgitation with decompensation — 3 weeks

Antecedent cause(s)

30a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, hypertrophy of Prostate Ca — 1 year

(c) chronic cystitis + pyelitis — 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tabes dorsalis — Several years

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) —	(COUNTY) —	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from April 6, 1949, to Sept. 11, 1949, that I last saw the deceased alive on Sept. 10, 1949, and that death occurred at 1:45 a.m., from the causes and on the date stated above.

SIGNATURE: Theodor Sattelmaier, M.D. (Degree or title) — ADDRESS: Stevensville — DATE SIGNED: Sept. 12. 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE: Sept. 15-49	NAME OF CEMETERY OR CREMATORY: Batts neck	LOCATION (City, town, or county) (State): Stevensville Md.
DATE REC'D BY LOCAL REG.: Sept. 14-1949	REGISTRAR'S SIGNATURE: Elizabeth Hopper	24. FUNERAL DIRECTOR: Lewis A. Henry. Centreville Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
SEP 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09053

Reg. Dist. No. 254

1. PLACE OF DEATH:

County: Queen Anne

City or town: Rural Grasonville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 61 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Queen Anne

City or town: Rural Grasonville (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Elizabeth Cristina Butler Robinson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	Widowed.

6.(b) Name of husband or wife: Dora M. Robinson

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Feb 3, 1868

8. AGE:

Years	Months	Days	If less than one day
81	7	19	... hrs. ... min.

9. Birthplace: Grasonville, Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: James Butler
13. Birthplace: Grasonville, Md.

MOTHER
14. Maiden name: Adeline Kennedy
15. Birthplace: Queen Anne County, Md.

16. Informant: Charles Robinson

Address: Grasonville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 24-49 (month) (day) (year)

Cemetery or crematory: Robinson A.M.E. Church Cemetery

Location: Grasonville Md.

18. Funeral director: John D. Williams

Address: Easton Md.

19. Sept. 24 1949 H. M. Aldridge Loc. Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 22 1949, at 7 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1949, to Sept 18 1949 and that I last saw her alive on Sept 18 1949

Immediate cause of death: Arteriosclerotic Cardiovascular Disease — DURATION: 4 yrs.

Due to

Due to

Other conditions: 4221 93d (Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: William C. Lowe MD (M. D. or other)

Address: Queenstown Md. Date signed: 9-22-49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

M

RECEIVED
SEP 29 1949
BUREAU T. S.

09054

252

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~249~~

1. PLACE OF DEATH COUNTY Queen Anne's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville — LENGTH OF STAY (in this place) all her life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) LILLIE (Middle) MAY (Last) ROSE

4. DATE OF DEATH (Month) Sept (Day) 25 (Year) 1949

5. SEX Female — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed — 8. DATE OF BIRTH Dec 18-1873 — 9. AGE last birthday 75 yrs. If under 1 year Months. Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Centreville Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James A. Elliott — 14. MOTHER'S MAIDEN NAME Mary Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. none — 17. INFORMANT William J. Rose

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart

Antecedent cause(s) (b) Diabetes

260 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

61 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/22, 1949, to 9/25, 1949, that I last saw the deceased alive on 9/25, 1949, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE H. F. McPherson (Degree or title) — ADDRESS Centreville — DATE SIGNED 9/26/49 MD

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE Sept. 28-49 — NAME OF CEMETERY OR ~~CREMATORY~~ Chesterfield — LOCATION (City, town, or county) (State) Centreville Maryland

DATE REC'D BY LOCAL REG. Sept. 27/49 — REGISTRAR'S SIGNATURE Elsie Armstrong — 24. FUNERAL DIRECTOR Barton Bros, Centreville Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 3 1949
BUREAU T. S.

09055

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Queen Anne; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Queen Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) WARFIELD (Middle) (Last) SEWARD

4. DATE OF DEATH: (Month) Sept (Day) 9 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, (WIDOWED) DIVORCED, (Specify)

8. DATE OF BIRTH: Oct. 14-1886

9. AGE last birthday: 62 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Seward

14. MOTHER'S MAIDEN NAME: Mary Goldstone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) cerebral hemorrhage — Interval between onset and death: 1 day

446 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis — about 5 years

(c) nephro - sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2nd, 1944, to Sept. 9, 1949 that I last saw the deceased alive on Sept. 9, 1949, and that death occurred at 4 50 a.m., from the causes and on the date stated above.

SIGNATURE Theodor Sattelmaier (Degree or title) M.D. ADDRESS Stevensville DATE SIGNED Sept. 10. 1949.

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE Sept 11 | NAME OF CEMETERY OR CREMATORY Stevensville | LOCATION (City, town, or county) Stevensville (State) Md

DATE REC'D BY LOCAL REG. Sept. 10, 1949 | REGISTRAR'S SIGNATURE Elizabeth Hopper | 24. FUNERAL DIRECTOR Edgar L. Lane | ADDRESS Church Hill

VS. A15

RECEIVED
SEP 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09056

CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester (Rural) — LENGTH OF STAY (In this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester Rural
STREET ADDRESS (If rural, give location) Sheffield

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Norris (Last) Tilghman jr.

4. DATE OF DEATH: (Month) September (Day) 24 (Year) 1949

5. SEX male | 6. COLOR OR RACE Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) — | 8. DATE OF BIRTH Feb. 18/1949 | 9. AGE last birthday yrs. 17 | If under 1 year: Months — Days — | If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Cambridge Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward Tilghman
14. MOTHER'S MAIDEN NAME Nina Sheffield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Edward Sheffield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Virus (?) Pneumonia — Interval between onset and death: 1 day

Antecedent cause(s)
492
109
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 23, 1949, to Sept. 24, 1949, that I last saw the deceased alive on Sept 23, 1949, and that death occurred at 4 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Theodor Satterwaite M.D. Stevensville Sept. 24. 1949.

23. BURIAL, CREMATION / REMOVAL (Specify) — DATE 26 Sept — NAME OF CEMETERY OR CREMATORY Cambridge — LOCATION (City, town, or county) Cambridge (State) Md

DATE REC'D BY LOCAL REG. Sept 27/1949 — REGISTRAR'S SIGNATURE Elizabeth Hopkins — 24. FUNERAL DIRECTOR Leonard H Baynum — ADDRESS

09057

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Queen Annes MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville; LENGTH OF STAY (in this place) 25 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Annes; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) FREDERICK (Last) STEVENS

4. DATE OF DEATH: (Month) Sept (Day) 14 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 5 1883

9. AGE last birthday: 66 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Primary Schools

11. BIRTHPLACE (State or foreign country): Del. nr. Church Hill. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Thomas Stevens

14. MOTHER'S MAIDEN NAME: Elizabeth Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT: Mrs J. Fred. Stevens

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Embolus + Thrombosis	Aug. 1. 1947
421.1 Antecedent cause(s)	(b) Calcified aortic stenosis Arteriosclerosis	several (5) years.
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Nephro-sclerosis congestive hepatitis, myo-	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cardial degeneration with decompensation	1 year

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐: —

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept. 26, 1947, to Sept. 14, 1949, that I last saw the deceased alive on Sept. 14, 1949, and that death occurred at 11 55 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Theodor Fattelmaier M.D. ADDRESS: Stevensville DATE SIGNED: Sept. 15. 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	Sept 16-49	Church Hill	Church Hill. Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 16, 194	Elizabeth Hopkins	Baker Bros.	Centreville Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 21 1949
BUREAU V. S.